05/05/2011 09:44

Image# 11931298931

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

_		For Oth	ner Than An	Authorize	d Commit	tee		Office Use C	Only				
1.	NAME OF COMMITTEE (in full)		C MAILING LAI E OR PRINT		ample:If typin er the lines	g, type							
	Cooperative of American Phy	sicians IE	. Committee										
Ш													
AD	DRESS (number and street)	333 S	Hope St 8th Flo	oor									
	Check if different												
L	than previously reported. (ACC)	Los A	ngeles				CA	9007	71 – 📗 –				
2.	FEC IDENTIFICATION NUM	IBER '	—	CITY 🛕		5	STATE	ZIF	PCODE A				
	C00492116			3. IS THIS REPORT		NEW OR		MENDED A)					
4.	TYPE OF REPORT (Choose One)	`´ F	Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)				
	(a) Quarterly Reports:	'	Jue On.	Mar 20 (M3) Jun 20			Se	p 20 (M9)	Dec 20 (M12) (Non-Election Year Only)				
	April 15			Apr 20 (M4)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)				
	Quarterly Report(Q1)	(1)	c) 12-Day		Primary (12	P)	Genera	(12G)	Runoff (12R)				
	July 15 Quarterly Report(Q	(2)	PRE-Election Report for t		Convention		Special						
	October 15 Quarterly Report(Q	13)	neport for t	ne.	Convention	(120)	X Special (12G)						
	January 31 Quarterly Report(Y	E)		Election on	0.5	17	2011		the CA				
	July 31 Mid-Year Report(Non-election Year Only) (MY)		d) 30-Day Post -Elec Report for t		General (30	G)	Runoff	(30R)	Special (30S)				
	Termination Report (TER)	t	,	Election on					the atte of				
5.	Covering Period 0 1	0	201	1	through	0 4	27	2011					
Ice	ertify that I have examined this I	Report and	to the best of i	ny knowledge	and belief it is	s true, correct a	and complete).					
Тур	oe or Print Name of Treasurer	Kirk A	Alan Pessner										
Sig	nature of Treasurer Electron	nically File	ed by Kirk Ala	ın Pessner		D	ate 0.5	02	2011				
NO	TE : Submission of false, error	neous, or i	incomplete infor	mation may s	ubject the per	son signing this	s Report to th	ne penalties of	2 U.S.C 437g.				
	Office Use							1	ORM 3X				

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Cooperative of American Physicians IE Committee

FEC Form 3X (Rev. 02/2003)

Y W Y 2011 м м 0 1 D D 0 1 Report Covering the Period: From: To:

м м 0 4 ^D 27 2011

Page 2

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		0.00
((b) Cash on Hand at Begining of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	1200415.16	1200415.16
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1200415.16	1200415.16
. 7	otal Disbursements (from Line 31)	146035.54	146035.54
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	1054379.62	1054379.62
t	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations owed BY he committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period:

From:

м м 0 1 D D 0 1

Y Y W Y 2 0 1 1

-_.

м м 0 4 ^D 2^D 7

Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	1200415.16	1200415.16
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1200415.16	1200415.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1200415.16	1200415.16
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1200415.16	1200415.16
. Total Federal Receipts (subtract Line 18(c) from Line 19)	1200415.16	1200415.16

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	001:	Page 4					
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
Operating Expenditures: Shared Endors! (Non Endors)	75 1 31104	Tailonda Tour to Buto					
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00					
(i) Federal Share	0.00	0.00					
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00					
Expenditures	87843.54	87843.54					
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	87843.54	87843.54					
2. Transfers to Affiliated/Other Party							
Committees	0.00	0.00					
Federal Candidates/Committeesand Other Political Committees	0.00	0.00					
Independent Expenditure (use Schedule E)	51092.00	51092.00					
5. Coordinated Expenditures Made by Party	0.00	0.00					
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00					
6. Loan Repayments Made	0.00	0.00					
7. Loans Made	0.00	0.00					
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees (such as PACs)	0.00	0.00					
(d) Total Contribution Refunds	0.00	0.00					
(add Lines 28(a), (b), and (c))	0.00	0.00					
9. Other Disbursements	7100.00	7100.00					
0. Federal Election Activity (2 U.S.C 431(20))							
(a) Shared Federal Election Activity (from Schedule H6)							
(i) Federal Share	0.00	0.00					
(ii) "Levin" Share	0.00	0.00					
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00					
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00					
a1. Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	146035.54	146035.54					
32. Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii)	146035 54	146035 54					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	146035.54	146035.5					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	1200415.16	1200415.16
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1200415.16	1200415.16
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	87843.54	87843.54
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	87843.54	87843.54

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a							
,	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Cooperative of American Physicians										
∠ A .	Full Name (Last, First, Middle Initial) Cooperative of American Physicians	Date of Receipt									
	Mailing Address 333 S Hope St 8th F	loor		01 14 2011							
	City	State	Zip Code	Transaction ID: 11AI-1							
	Los Angeles	CA	90071	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		5000.00							
	Name of Employer	Occupatio	n	In-Kind: Legal & Acctg Services							
	Receipt For: 2011	Aggregate	e Year-to-Date ▼								
	Primary General X Other (specify) ▼ Calendar Year										
_ В.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians	Date of Receipt									
	Mailing Address 333 S Hope St 8th F	loor		01 31 YYYY 2011							
	City	State	Zip Code	Transaction ID: 11AI-5							
	Los Angeles	CA	90071	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		2051.17							
	Name of Employer	Occupatio	n	In-Kind: Services of 2 employees							
	Receipt For: 2011	Aggregate	e Year-to-Date ▼								
	Primary General X Other (specify) ▼ Calendar Year		1200415.16								
_ C.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians	-		Date of Receipt							
	Mailing Address 333 S Hope St 8th F	loor		02 15 2011							
	City	State	Zip Code	Transaction ID: 11AI-2							
	Los Angeles	CA	90071	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1114160.00							
	Name of Employer	Occupatio	n								
	Receipt For: 2011 Primary General X Other (specify) ▼ Calendar Year	Aggregate	e Year-to-Date ▼ 1200415.16								
	SUBTOTAL of Receipts This Page (optional)	1121211.17									
F	TOTAL This Period (last page this line numbe		<u> </u>								

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Cooperative of American Physicians II	E Committe	е	
۷.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians	Date of Receipt		
	Mailing Address 333 S Hope St 8th Flo	or		02 28 7 2011
	City	State	Zip Code	Transaction ID: 11AI-6
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		908.83
	Name of Employer	Occupatio	n	In-Kind: Services of 2 employees
	Receipt For: 2011 Primary General	Aggregate	e Year-to-Date ▼ 1200415.16	1
	X Other (specify) ▼ Calendar Year			
- 3.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians	Date of Receipt		
	Mailing Address 333 S Hope St 8th Flo	or		03 17 2011
	City	State	Zip Code	Transaction ID: 11AI-3
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		551.00
	Name of Employer	Occupatio	n	In-Kind: Legal & Acctg Services
	Receipt For: 2011	Aggregate	e Year-to-Date	
	Primary General X Other (specify) ▼ Calendar Year		1200415.16]
_ ;.	Full Name (Last, First, Middle Initial) Cooperative of American Physicians			Date of Receipt
	Mailing Address 333 S Hope St 8th Flo	or		03 31 2011
	City	State	Zip Code	Transaction ID: 11AI-4
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76285.00
	Name of Employer	Occupatio	n	
	Receipt For: 2011 Primary General X Other (specify) Calendar Year	Aggregate	e Year-to-Date ▼ 1200415.16	
	SUBTOTAL of Receipts This Page (optional)			77744.83
f	TOTAL This Period (last page this line number		·	

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Other (specify)
Calendar Year

FOR LINE NUMBER: PAGE 8/17 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee Full Name (Last, First, Middle Initial) Cooperative of American Physicians Date of Receipt Mailing Address 333 S Hope St 8th Floor 03 31 2011 City State Zip Code Transaction ID: 11AI-7 Los Angeles CA 90071 Amount of Each Receipt this Period FEC ID number of contributing C 1459.16 federal political committee. In-Kind: Services of 2 employees Name of Employer Occupation Receipt For: 2011 Aggregate Year-to-Date Primary General 1200415.16

SUBTOTAL of Receipts This Page (optional)	>	1459.16
TOTAL This Period (last page this line number only)	•	1200415.16

В.

C.

SCHEDULE B (FEC Form 3X)	Use separa				NE NUMBER: PAGE 9/17 only one)												
ITEMIZED DISBURSEMENTS		tegory of the mmary Page	_ I =	X	-	$\bigcap_{i=1}^{n}$	22 28a	П	23 28b	24 28c	F	25 29	\longrightarrow	6 0b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					/ person		the pu		e of so	oliciting co		outions	\bot				
NAME OF COMMITTEE (In Full)																	
Cooperative of American Physicians IE Co	mmittee																
Full Name (Last, First, Middle Initial) Cooperative of American Physicians									on ID:	21B-1	-N						
Mailing Address 333 S Hope St 8th Floor						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
	State Z	Amount of Each Disbursement this Period															
	CA S	90071				5000.00											
Purpose of Disbursement In-Kind: Legal & Acctg Services								^			50	00.00		_			
Candidate Name					gory/ pe												
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specif	General y) ▼															
Full Name (Last, First, Middle Initial)														—			
Cooperative of American Physicians							Date o	of Di	sburse								
Mailing Address 333 S Hope St 8th Floor	th Floor					01											
City Los Angeles	Amount of Each Disbursement this Period																
Purpose of Disbursement In-Kind: Services of 2 employees	Category/ Type					2051.17											
Candidate Name																	
Senate President	ment For: Primary Other (specif	General y) ▼															
State: District:																	
Full Name (Last, First, Middle Initial) Cooperative of American Physicians									on ID: sburse	21B-6 ement	-N						
Mailing Address 333 S Hope St 8th Floor							0 ^M 2	М	^D 2	8 /	Ž	0 1 1	Y				
•		Zip Code 90071					Amou	nt of	f Each	Disburse	men	t this F	Period	_			
Purpose of Disbursement In-Kind: Services of 2 employees						908.83											
Candidate Name					gory/ pe												
Office Sought: House Disburse Senate President	ment For: Primary Other (specif	General		· y	PC												
State: District:	()	-· •															
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>						790	60.00	,				

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate			E NUMBER: PAGE 10 / 17														
ITEMIZED DISBURSEMENTS	for each cated Detailed Sum		1 -	X	-	$\prod_{i=1}^{n}$	22 28a		23 28b	24 28c		25 29	26 30b					
Any Information copied from such Reports and Statem													3					
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of	any political o	comr	mı	ttee to s	OIICI	t contr	ibuti	ons tro	om such o	comr	nittee						
Cooperative of American Physicians IE Co	mmittee																	
/ cooperative or american in hydroidine in																		
Full Name (Last, First, Middle Initial) Cooperative of American Physicians						Transaction ID: 21B-3-N Date of Disbursement O 3 M / D 7 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
Mailing Address 333 S Hope St 8th Floor																		
		o Code				Amount of Each Disbursement this Period												
Los Angeles Purpose of Disbursement	CA 90071						551.00											
In-Kind: Legal & Acctg Services																		
Candidate Name					gory/ pe													
Senate President	ment For: Primary Other (specify)	General ▼																
State: District:																		
Full Name (Last, First, Middle Initial) Cooperative of American Physicians									on ID: sburse	21B-7 ement	-N							
Mailing Address 333 S Hope St 8th Floor						03 / 31 / 2011												
City Los Angeles	State Zip Code CA 90071						Amount of Each Disbursement this Period											
Purpose of Disbursement In-Kind: Services of 2 employees								_			14	59.16	5					
Candidate Name	Category/ Type																	
Senate President	ment For: Primary Other (specify)	General																
State: District:																		
Full Name (Last, First, Middle Initial) Craig Brown Governmental Relations							Date o	of Di	sburse				_					
Mailing Address 1121 L Street, #103							0 ^M 2	М	1	^D / Y	Ž	0 1 1	ľ					
		o Code 5814					Amou	nt of	Each	Disburse	men	t this f	Period					
Purpose of Disbursement				0	-		L.				50	00.00)					
Consultant: California Public Policy Candidate Name			OC te)1 gory/														
Office Sought: House Disburse	ment For:				pe													
Senate President	Primary Other (specify)	General ▼																
State: District:																		
SUBTOTAL of Disbursements This Page (optional)											70 ⁻	10.16						

TOTAL This Period (last page this line number only)

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 11 / 17
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	y one) 22 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na				
\rangle	NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE C	Committee			
<u>/</u>	Full Name (Last, First, Middle Initial) Craig Brown Governmental Relations		Transaction ID: 21B-11 Date of Disbursement		
	Mailing Address 1121 L Street, #103				$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&7\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&1\end{smallmatrix}\end{bmatrix}$
	City Sacramento	State CA	Zip Code 95814		Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant: Calif. Public Policy			001	5000.00
	Candidate Name Office Sought: House Disburg	sement For:		Category/ Type	
	Senate President	Primary Other (spe	General ecify) ▼		
	State: District: Full Name (Last, First, Middle Initial) Craig Brown Governmental Relations				Transaction ID: 21B-17 Date of Disbursement
	Mailing Address 1121 L Street, #103		0 4		
	City Sacramento	State CA	Zip Code 95814		Amount of Each Disbursement this Perio
	Purpose of Disbursement Consultant: Calif. Public Policy			001	5000.00
	Candidate Name			Category/ Type	
	Senate President	Primary Other (spe	General ecify) ▼		
	State: District:				
	Full Name (Last, First, Middle Initial) Global Strategy Group LLC				Transaction ID: 21B-14 Date of Disbursement
		or			
	Global Strategy Group LLC	State NY	Zip Code 10003		Date of Disbursement M 4 M / D D / Y Y O Y 1 1 Amount of Each Disbursement this Perio
	Global Strategy Group LLC Mailing Address 895 Broadway, 5th Floor City New York Purpose of Disbursement Polling	State		001	Date of Disbursement O 4
	Global Strategy Group LLC Mailing Address 895 Broadway, 5th Floo City New York Purpose of Disbursement Polling Candidate Name	State NY		001 Category/ Type	Date of Disbursement M 4 M / D 1 D / Y Y O Y 1 1 Amount of Each Disbursement this Perio
	Global Strategy Group LLC Mailing Address 895 Broadway, 5th Floo City New York Purpose of Disbursement Polling Candidate Name	State	10003	Category/	Date of Disbursement M 4 M / D 1 D / Y Y O Y 1 Y Amount of Each Disbursement this Period

В.

C.

SCHEDULE B (FEC Form 3X)		rate schedule(s)			OR LIN			R:		PAGE 12/1									
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	П	22 28a		23 28b	ш	24 28c		25 29	\square	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5					
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Co																			
Full Name (Last, First, Middle Initial) Holland & Knight LLP Mailing Address Post Office Box 864084	Transaction ID: 21B-1 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y																		
•	State Zip Code FL 32886							Amount of Each Disbursement this Period											
Purpose of Disbursement Consultant: Federal Public Policy Candidate Name Office Sought: House Disburse	mont For		Ca)1 gory/ pe							50	50.00	•					
Senate President State: District:	Primary Other (spe	General cify) ▼																	
Full Name (Last, First, Middle Initial) Holland & Knight LLP Mailing Address Post Office Box 864084							Transaction ID: 21B-18 Date of Disbursement O 4 D 2 6 2 0 1 1												
•	State Zip Code FL 32886						Amount of Each Disbursement this Period												
Purpose of Disbursement Consultant: Federal Public Policy Candidate Name			gory/		5074.08														
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General		IУ	pe														
Full Name (Last, First, Middle Initial) United Airlines							Trans Date of	of D	sburs	emer	_								
Mailing Address 1 World Way							0 ^M 1	М	^D 2	2 1	/ Y	ž	0 1 1	Y					
	State CA	Zip Code 90045					Amou	nt o	f Each	Disk	ourse	-	t this F	-	i T				
Airfare Candidate Name)2 gory/			0			•	0	•						
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General			pe		[MEM SUBV irian		_		۱. Pe	ter	Kez-						
State: District: SUBTOTAL of Disbursements This Page (optional) .					•			_	•		1	012	24.08	}	7				
JODIOTAL OI DISDUISEMENIS THIS Fage (Optional) .				••••	<u> </u>			-	-					-					

TOTAL This Period (last page this line number only)

A.

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13/17
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Co	mmittee		
Full Name (Last, First, Middle Initial) St. Regis Hotel			Transaction ID: 21B-7-S Date of Disbursement
Mailing Address 923 16th Street, NW			$\begin{bmatrix} M & M & M \\ O & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & Z \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{bmatrix} $
,	State Zip Code DC 20006		Amount of Each Disbursement this Period
Purpose of Disbursement Lodging		002	489.56
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		[MEMO ITEM] SUBVENDOR to A. Peter Kezirian
State: District:			
Full Name (Last, First, Middle Initial) Hook Restaurant			Transaction ID: 21B-9-S Date of Disbursement
Mailing Address 3241 M Street, NW			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
•	State Zip Code DC 20037		Amount of Each Disbursement this Period
Purpose of Disbursement Dinner		002	1109.91
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		[MEMO ITEM] SUBVENDOR to A. Peter Kezirian
Full Name (Last, First, Middle Initial) Westin Hotel			Transaction ID: 21B-8-S Date of Disbursement
Mailing Address 1400 M Street, NW			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $
	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	20000	002	1321.69
Candidate Name		Category/	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Туре	[MEMO ITEM] SUBVENDOR to A. Peter Kez- irian
State: District:	Strict (opcorry)		
SUBTOTAL of Disbursements This Page (optional) .			0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)						LINE NUMBER: PAGE 14 / 17 ck only one)							17	
ľ	TEMIZED DISBURSEMENTS	for each	category of the Summary Page		X	21b 27	22 28a		23 28b		24 28c	П	25 29	26 30b
	ny Information copied from such Reports and Stater r for commercial purposes, other than using the name													5
K	NAME OF COMMITTEE (In Full)	ic and addic	oo or any pontiou			00 10 30	non com	indu	10110 11		34011		inttoo	
	Cooperative of American Physicians IE Co	ommittee												
A .	Full Name (Last, First, Middle Initial) A. Peter Kezirian								on ID	eme	_			
	Mailing Address 333 South Hope Street,	8th Floor					0 ^M 2	М	/ D	1 4		ž	0 1 1	Y
	City Los Angeles	State CA	Zip Code 90071				Amou	unt o	f Each	n Dis	burse		t this f	
	Purpose of Disbursement Travel Expenses				002	2	L.		-			513	39.97	
	Candidate Name			С	ateg Typ	- 1								
	Senate President	ement For: Primary Other (spe	General ecify) ▼											
_	State: District:													
В.	Full Name (Last, First, Middle Initial) A. Peter Kezirian						Date	of D	on ID	eme				
	Mailing Address 333 South Hope Street, 8th Floor						03 7 16 7 2011					Y		
	City Los Angeles	State CA	Zip Code 90071				Amou	unt o	f Each	n Dis	burse		t this f	-
	Purpose of Disbursement Meeting				001		L.		-			3	19.33	3
	Candidate Name			С	ateg Typ									
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼											
С.	Full Name (Last, First, Middle Initial) Lincoln Club of Northern California								on ID			3		
	Mailing Address 3501 California St., #20	DA					0 ^M 4	М	/ D	07	/	Ž	0 1 1	Y
	City San Francisco	State CA	Zip Code 94118				Amo	unt o	f Each	n Dis	burse	men	t this f	Period
	Purpose of Disbursement Conference Registration			Γ	001		L.					32	90.00)
	Candidate Name			С	ateg Typ									
	Senate President	ement For: Primary Other (spe	General ▼											
Г	State: District:													
	SUBTOTAL of Disbursements This Page (optional)											874	49.30	
	TOTAL This Period (last page this line number only)				•								

Image# 11931298945

State:

A.

District:

_	== = =	/==a =	010														
50	HEDULE R	EDULE B (FEC Form 3X)			I I I I I I I I I I I I I I I I I I I			R LINE NUMBER:					PAGE 15/17				
ITEMIZED DISBURSEMENTS				for each category of the			(check only c			- ´				_		_	
_			D	Detailed Summary Page			X 21b		22	Ш	23	Ш	24	Ц	25		26
							27		28a		28b		28c		29		30b
	y Information copied or commercial purp															i	
$\overline{}$	NAME OF COMM	ITTEE (In Full)															
\rangle	Cooperative of A	American Physic	cians IE Comm	iittee													
	Full Name (Last, F	irst, Middle Initial)							Trans	sacti	on ID): 2	1B-1	5			
	New Majority Ca	w Majority California					Date of Disbursement										
										M	/ D	D	/ Y	Y	0 1 1	Υ	
	Mailing Address	949 South Coa	ast Drive, #600)					0 4			12		. 2	0 1 1	_	
	City		State	——— Э	Zip Code				Amoi	unt of	f Eacl	h Dis	burse	ment	this F	erio	od
	Costa Mesa		CA		92626					-	-	-	-	-		_	
	Purpose of Disburs	sement						1						1000	00.00		
	Organizational Due	es] [(001										
	Candidate Name					Ca	tegory/										
] 1	уре										
	Office Sought:	House	Disbursemer	t For:													
		Senate	Pri	mary	General												
		President	I OH	nar (end	acify)												

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	—	87843.54

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check only	E NUMBER: PAGE 16 / 17						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29						
Any Information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE (me and address of any politica								
, ,	Johnnittee								
Full Name (Last, First, Middle Initial) Health Coalition on Liability and Access			Transaction ID: 29-2 Date of Disbursement O 2						
Mailing Address Post Office Box 78096			02 14 2011						
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Perio						
Purpose of Disbursement Membership Dues Candidate Name		012 Category/	5000.00						
Senate President	sement For: Primary General Other (specify)	Туре							
State: District: Full Name (Last, First, Middle Initial) Pacific Council on International Policy Mailing Address 801 S. Figueroa Street	Suito 1120		Transaction ID: 29-4 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Los Angeles	State Zip Code CA 90017		Amount of Each Disbursement this Perio						
Purpose of Disbursement Civic Organization Donation Candidate Name		012 Category/	1100.00						
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)	Туре							
Full Name (Last, First, Middle Initial) Pacific Council on International Policy			Transaction ID: 29-10 Date of Disbursement						
Mailing Address 801 S. Figueroa Street	, Suite 1130		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$						
City Los Angeles	State Zip Code CA 90017		Amount of Each Disbursement this Perio						
Purpose of Disbursement Civic Organization Donation		012	1000.00						
Candidate Name		Category/ Type							
Senate President	sement For: Primary General Other (specify) ▼	•							
State: District:									
SUBTOTAL of Disbursements This Page (optional	I)		7100.00						

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 17 / 17 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
Cooperative of American Physicians IE Committee	C C00492116
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
Kennedy Communications, Inc.	$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $
Mailing Address 1730 M Street, NW Suite 1010	Amount 255.46.00
	25546.00
City State Zip Code	Transaction ID: E-16
Washington DC 20036	Office Sought: X House State: CA
Purpose of Expenditure	Senate District: 36
Mailing Category/ Type 011	Presidential
Name of Federal Candidate supported or Opposed by expenditure: Janice Hahn	Check One: X Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election	Other (specify) : Special
for Office Sought	2011
- Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
Kennedy Communications, Inc.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
1730 M Street, NW Suite 1010	25546.00
	Transaction ID: E-19
City State Zip Code	Office Sought: X House State: CA
Washington DC 20036	Senate District: 36
Purpose of Expenditure Mailing Category/ 011	Presidential
Mailing Type 011	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Janice Hahn	
	Disbursement For: Primary General
Calendar Year-To-Date Per Election 51092.00	Other (specify) : Special 2011
for Office Sought	2011
(a) SUBTOTAL of Itemized Independent Expenditures	51092.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	51092.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made i or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the committee) any political party committee or its agent.	
Kirk Alan Pessner Signature Date M 0 4	27 2011